

HCHS/SOL Informed Consent Update

ID NUMBER: FORM CODE: ICU VERSION: A 3/30/11 Contact Occasion 0 1 SEQ # 0 1
ADMINISTRATIVE INFORMATION 0a. Completion Date: Month Day Year 0b. Staff ID: 0b. Staff ID:
Instructions: Use this form to record any changes in permission for any elements of informed consent as they occur after the baseline examination. The form will "pre-fill" in the DMS using the existing ICT data. Modify the form as needed and save. Update as needed should a change in any of the 10 permissions occur. If any aspect of consent is modified by the participant at a later date (such as a new restriction) update the completion date and staff ID fields to reflect the time of that change and who recorded the change in consent.
A. Elements of INFORMED CONSENT (appearing in the same order as Baseline)
1. I agree to participate in the HCHS/SOL examination and procedures as described in this informed consent and to be contacted once a year by HCHS/SOL personnel to answer questions about my health and
to update my address and telephone number.
No $0 \rightarrow \text{Go to END}$ Yes 1
2. I agree to allow HCHS/SOL personnel to release my findings from exams and non-genetic tests to
physicians, clinics or persons that I designate. No 0 Yes 1
3. I agree to allow my samples (blood, urine) to be used for current and future research done by scientists
who collaborate with the HCHS/SOL investigators.
Yes 1
4. I agree to allow my blood to be used to obtain genetic material (DNA/RNA) to be stored for future use
by HCHS/SOL and investigators they work with.
No 0 Yes 1
5. I agree to be notified of genetic results that are significant to my health or the
health of my family.
No 0 Yes 1
6. I agree to be contacted in the future for health–related studies by HCHS/SOL personnel No 0
Yes 1

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7. I agree to share my **<u>non-genetic</u>** data, information, and samples available to investigators not associated

to HCHS/SOL and specialized laboratories

No 0 Yes 1

8. I agree to share my **genetic** data, information, and samples available to investigators not associated to

HCHS/SOL and specialized laboratories

No 0 Yes 1

9. Commercial or for-profit companies that are not part of HCHS/SOL may use my **genetic and non-genetic information, data and samples** to do research to develop new diagnostic tests and medical

treatments that may benefit many people.

No 0 Yes 1

10. Any other restrictions noted (choose the restriction with the lowest number, including 0)?

0	No restrictions
1	Hepatitis testing
2	Oral glucose load
3	Oral/dental exam
4	Lung function test
5	Audio recording interviews
6	Audiometric examination
7	Other restriction

10a. If Other, specify restriction _____